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Eucemonia Pilosa

B. W. Martin

Remarks on *Pneumonia Biliosa*, by
Benjamin W. Machin of Brunswick County
Virginia August 12th 1826

Pneumonia Biliosa

Ap'd March 8th
1827

When we take into consideration, the thousands who annually die in our Southern States with Bilious Pleurisy, it is exceedingly strange, this disease should be so little noticed by the medical Faculty of these United States. Had we a register of the deaths, we should see that more die with Bilious pleurisy than any other disease with the exception of Bilious fever, to which it bears a striking resemblance, as regards its treatment.

Pneumonia Biliosa is a compound affection, consisting of an inflammation of the lungs, with a deranged function of the liver. It is the immediate offspring of a low temperature engendered upon a miasmatic predisposition. It prevails in all countries subject to Marsh Miasm; but it is only in those liable to the greatest and most frequent vicissitudes of weather, that it is displayed in

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its true and full form. It is most apt to attack
 adults in full health, and particularly males.
 Children altho' less exposed to the operation of the
 remote and exciting causes, are independently
 of these considerations, less liable to an attack of
 bilious pleurisy. But unfortunately, it is not
 confined to one particular class of people,
 for it commits its ravages not only on the
 Farmers and labouring class, who are exposed
 to all kinds of weather, but extends itself
 to the "delicate belles and effeminate beaux,"
 who add artificial to natural causes; who in
 a ball room heated to a tropical tempera-
 ture, carry exercise to the extreme of exhaustion,
 and in this state rush fearlessly forth into
 a freezing atmosphere; and thus in the short
 space of one minute, is the delicate structure
 of the lungs exposed to an atmospherical
 transition of 40 or 50 degrees.

This sudden transition strikes the Capillaries of the surface torpid, and at the same time acting on the lungs, causes a determination of fluids from the surface to some internal organ, and of which the lungs most often suffer. The lungs being inflamed, cause a general fever, this increased arterial action, and brings to maturity those seeds of Bilious fever, which had been sown at a previous season, and thus we have Pleurisy complicated with Bilious fever. This, I conceive to be a true pathology of Pneumonia Biliosa.

Symptoms. The Premonitory symptoms are a general lassitude, impaired appetite, nausea, a bitter taste in the morning, constipation for a day or two previous to an attack, a swelling of the abdominal and thoracic viscera.

The immediate symptoms are a slight chill, wandering pains, which scarcely ever fix them-

Handwritten text in cursive script, likely a letter or journal entry. The text is written in dark ink on aged, slightly discolored paper. The handwriting is fluid and characteristic of the 18th or 19th century. The text is arranged in approximately 20 horizontal lines across the page.

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solves permanently until reaction takes place. After reaction takes place, then the pains locate themselves in one, or both sides, tho' more commonly in one, and this the left, according to Dr Chapman, but the majority of writers say, the right.

This pain is much increased by making a full inspiration, which is owing to the dilatation of the lungs in the act of inspiration. When the fever rises, there is flushing of the face, increased heat of the whole body, headache, a dark muddy appearance of the eyes, gastric distress, followed sometimes by bilious purging or vomiting, a leaden nauseous taste, and a tongue, the middle of which is loaded with a brown, or nearly black coat, while the edges are clean and quite red. Added to these symptoms, is a Catarrh, attended with a very troublesome

cough. This cough is sometimes free from all expectoration, more particularly at the commencement of the disease; but more commonly there is some expectoration, which is of a white colour, and frothy nature, which is thrown out from the mucous follicles of the Bronchia. The pulse is frequent, full, hard, strong and quick. In the course of the disease, it is not uncommon for the pain to change its place, which is thought by Cullen to be an unfavourable symptom, but the reverse by Caldwell.

It is a fact worthy of notice, that patients labouring under violent cases of Bilious pleurisy as occur in the Southern States, are inclined to be drowsy, desponding, and ^{have} an aversion to be spoken to.

If the disease is neglected at its commencement, and the inflammation



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proceeds with great violence, an effusion of blood into the cellular texture of the lungs takes place, which interrupting the circulation through them, produces suffocation; or it may terminate by resolution, suppuration or Gangrene. When it terminates fatally, the first termination is by far the most common. The inflammation almost, always causes the lungs, to adhere to the side of the Thorax.

The fever accompanying Bilious Pleurisy, seldom if ever observes a continued type. The remission is in the morning, except in the most aggravated cases when there is no ~~remission~~ remission at all. When Bilious Pleurisy appears in the Spring, the pulmonary affection is usually more distinct and obstinate, and the hectic less prominent than in winter.



The Diagnosis is so simple, that the merest tyro can not be mistaken. As I have mentioned it in detailing the symptoms, I shall not now repeat it.

Prognosis. This must be drawn from the severity of the symptoms. When there is high fever, great difficulty of breathing, so much so, that patient has to be kept nearly erect in bed, when he can only lie on one side, or on his back, when there is a dry aggravating cough, acute fixed pains, attended with a sudden change of countenance, or cessation of pain, or sinking of the pulse, great danger is to be apprehended. Also delirium coming on denotes imminent danger. The reverse of the above mentioned symptoms, argues a favourable issue.



treatment. The treatment of the oedema stage re-
 quires nothing more than the application of
 warm bricks, or bottles filled with warm water to the
 extremities, with the addition of some warm
 drinks. But after reaction takes place, then we
 are to draw blood copiously, with a view of pre-
 venting inflammation. In bleeding, we should
 make a large orifice, to draw off the blood
 suddenly, for much depends upon the sud-
 denness with which the blood is removed. As a
 general rule, we should not tie up the arm,
 until the pain, or the difficulty of breathing
 is relieved. Perhaps it will be best to
 bleed the patient in a recumbent position,
 as he will then not feel the loss of blood
 so sensibly. As long, as, the
 pulse remains hard and full, the pain
 in the side acute, the breathing difficult
 and blood stazy, so long ought we to re-



peat the bleeding. Should, however a free expectoration come on, and the symptoms not greatly require blood-letting, we may then withhold the lancet. By the prompt use of the lancet in the commencement of an attack, we may stop a disease, which if neglected would be very apt to terminate fatally.

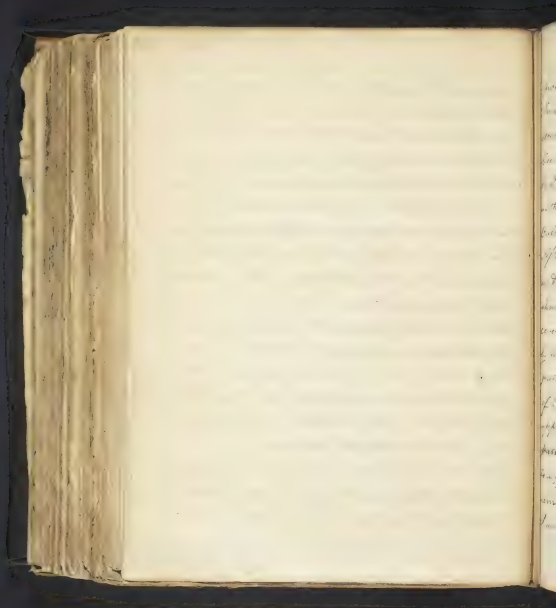
But let us not carry the use of the lancet too far, for we ought to keep in mind, that this disease will not bear blood-letting to the extent, that Common pleurisy will.

We will meet with some cases, where we will have to stimulate the patient to get his pulse to the bleeding point, and when this is the case, we should be cautious how we bleed.

After we have drawn, as much blood by several bleedings as the patient can well

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bear, and ^{still} the symptoms demand more to be
 taken, then we may derive infinite benefit
 from Cups and Leeches, which should be
 placed immediately over the affected side.
 Small doses of Calomel may now be given;
 a 2 or 3 gr ^{may be} given every 1 or 2 hours, until
 the patient shall have taken 10 or 15 grs,
 then purge them off with a small dose of
 Epsom Salts and Calc. Mag^a, a tea spoon
 full of each, these should be given every
 hour, until they begin to operate, when
 they should be stopped. When these will
 fail to produce a single evacuation; then
 we should increase the dose of the Salts
 and Mag^a, or if the patient be old, we
 may give him the Ol. Ricinis.
 After the patient has had several passages,
 from the Calomel, he generally falls
 a sleep, if the pain be not too great;



from which he arises very much refreshed.
In recommending Calomel in the cure of
Acute Bilious Pleurisy, I am aware, it has
been objected to by some, and particularly
by Dr. Potter & Dickinson, who says, it is only
in the chronic form of the disease, that
Calomel is useful.

After arterial action has been reduced,
and there continues pain in the side, we
should apply a blister large enough to
cover the whole side. They are unequivocally
useful by extinguishing the remaining
pain, and arresting the farther progress
of the disease. But being too early
applied, they never fail to occasion great
distress, & ~~distress~~ distress to the patient, and
to aggravate those very symptoms, for the
removal of which, they were applied.
I must again revert to the use of Calomel,



believing it to be the most important remedy in the cure of Bilious Pleurisy.

For the comfort of the patient, we should commence giving small doses of Calomel in the evening, and purge them off next morning. By so doing we avoid disturbing the patient during the night, as the Calomel will scarcely ever operate of itself.

By giving Calomel in this way, we will make it produce its specific effect on the liver, and we will have as a proof of that, copious, black stools. These continuing for sometime, will then change ~~change~~ to a pale green or yellow.

Now we may commence with the infusion of the Virg^a make root, which keeps up a gentle diaphoresis, and relieves that disagreeable sick stomach, almost, always attendant on this disease.



Here also we will find dovers powder stand: even very well, or Tart. Ant. in small doses; but not in such doses, as are recommended by a late writer in the Medical Recorder, Cartwright of Natchez, Miss, who says an Emetic of Tart. Ant. given as reaction is about to take place, in the commencement of an attack, will evacuate the stomach of its bile, and relieve that pain in the side, which he says depends upon congestion, for says he, inflammation cannot take place, until there has been increased action in that part for some time.

Whether this be true, or not, I do not pretend to say, but I would never withhold the lancet, for the use of an Emetic.

The immoderate use he makes of Tart. Ant., must be injurious, being likely



to add to the already existing disease, gastritis.

It may appear, presumption in me, to set my opinion in opposition to that of that able and learned writer Cartwright, but it would require more than Ciceronian eloquence to convince me, that *§ Tart. Ant.* in 10 grs doses, repeated every 2 hours, and the stomach then being in an exceedingly irritable state, will not be likely to produce a disease, as formidable, or even more so, than the one, for the cure of which, it was prescribed.

He says, it is a remarkable fact, that those cases attended with pain, irritation, partial reactions, and an irritable stomach; that the stomach, which rejects nearly every thing else, so soon as swallowed, would retain a teaspoon full

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of Speccac with a grain or two of Tart: Emet., for half an hour or more.

This assertion, according to my humble opinion, appears not to be consonant to reason, that Tart: Emet. one of our most active Emetics, should be retained on the stomach, when nearly every thing else would be rejected.

This writer appears to be greatly afraid of a watery purging being brought on by the employment of purgatives. I have seen several cases of Bilious pleurisy cured without the aid of Tart Emet., by purgatives, the lancet and some diaphoretic, and the principal purge was Calomel; and I have never seen that bug bear, the watery purging, of which he is so much afraid; but on the contrary, it was with difficulty the bowels could be kept



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in a laxative state.

But let us return to our mode of treatment. The cough becoming less hard & painful, the secretion of the Mucous more copious, or the skin becoming moist, the purging should be desisted from, and some gentle Expectorant and Diaphoretic be given.

In the advanced stage, when there is no difficulty of breathing, and the cough is the most urgent symptom, we shall find the following formula to answer well.

R

Spiceae	gr i	} This should be given according to the ur- gency of the symptoms.
"Opium	aa gr ss	
"Calomel"		



Throughout the whole disease, the patient is to abstain from all animal food, and all kinds of stimulating drinks, restricting himself to the use of Gago, the preparations of Barley, Rice and such articles. Altho' we sometimes laugh at the frequent recommendations of sugar and water, it will be found a good beverage in this case.

On recovery, the patient should carefully guard against any fresh exposure to cold, as a relapse often terminates fatally.



